No. 2		EALTH OF MISSOURI 101/19	
-5-42 -17-39	er a company of the c	STANDARD CERTIFICATE OF DEATH State File No. 18042	
X32873	Registration District No. 2944 Primary Registration Dist	rict No 2000 Registrar's No 429	
A PERMANENT RECORD	1. PLACE OF DEATH: (a) County Greene (b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: 1520 E. McDaniel (If not in hospital or institution, write street number or locution) (d) Length of stay: In hospital or institution. None In this community 50 years	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Greene 39 (c) City or town Springfield, (1	
SNIA.	In this community 50 years years, months or days)	If yes, name country	
	3. (a) PRINT William Henry Eshelman 3. (b) If veteran, name war Unknown No Unknown	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month May day 17, year 1944 hour 5:00 minute P. M.	
BLACK INK—MAKE	5. Color or raceWhite divorced Married. 6. (b) Name of husband or wife	21. I hereby certify that I attended the deceased from 1944 to 1944 to 1944 that I last saw handlive on 1944 and that death occurred on the date and hour stated above. Immediate cause of death 1944 Duration	
OING	8. AGE: Years Months Days If less than one day	Due to	
WRITE PLAINLY—USE UNFADING	9. Birthplace Philadelphia Pennsylvania (City, town, or county) (State or foreign country) 10. Usual occupation Retired farmer 11. Industry or business On Farm 12. Name Tobias Eshelman 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name (City, town, or county) (State or foreign country) 15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant Mrs. Laura Eshelman (b) Address Springfield, Missouri 17. (a) Burai (Burial, cremation, or removal) (Month) (196y) (Year) (c) Place: burial or cremation Weaver Cemetery 18. (a) Signature of funeral director, Alma Lohmeyer Funeral H	Other conditions. Other conditions. Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Underline the cause to which death should be charged statistically. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence. (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? OME While at work? (Specify type of place) (Specify type of place)	
*	(b) Address Springfield, Missouri 19. (a) 5-19-11 (b) 5 W5 Handle	23. Signature (M. D. orgina)	
,, ^a tiv	(Date received local registrar) (Hegistrar's signature)	Address Signed / Date signed / G	
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STATEMENT BY LICENSED EMBALMER

I	hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
		Registered Apprentice No
	•	, ,

working under my personal supervision.

Signed Licensed Embalmer No. 38024

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.